CAROLINE COUNTY HEALTH DEPARTMENT

Division of Environmental Health (410/479-8045) 403 S 7th, Rm 248; Street, Denton, Maryland 21629



HD COMMENTS

Please allow minimum of 30 days processing time FEE, SITE PLAN AND FLOOR PLAN MUST ACCOMPANY THIS APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APPLICATION FOR WATER/SEWAGE VERIFICATION

(Per COMAR 26.04.02. OR 26.04.03) This application required for any/all improvements—changes on property.

DIRECTIONS: Complete all requested information in hoxes below, attach current fee, floor plan, site plan, and mail or deliver to address above

OWNER AND PROPERTY INFORMATION	PROJECT INFORMATION (
	□ Accessory Dwelling Unit:	
	☐ Accessory Structures (sheds, de	etached garages)
	☐ Commercial Alderation	
	☐ Commercial Addition ☐ Commercial - miscellaneous	
First and Last Name		
	-	
Mailing address (street or PO Box)	□ Driveway□ Farm Structure	
,	☐ Farm Structure☐ Home Occupation Use	
	l	
Mailing address: City, State, ZIP		ns tower, sign, etc.; explain below)
	□ Pool (In-Ground)	its tower, sign, etc., explain below)
	Pool (Above Ground)	
PHONES: Day phone and/or cell phone	Residential Addition	
· · · · · · · · · · · · · · · · · · ·	□ Residential Alteration	
	□ Residential - misc	
Owner's email	□ Sidewalks	
	☐ Single Family Dwelling	
	☐ Special Use/Change of Use/hom	ne occupation husiness
Secondary email	□ SRA Revision	ic occupation business
occordary critain	☐ Subdivision Review (existing stru	ictures or SRA)
	☐ Temporary Structure	
Property Location (911 address)	OWNER'S DESCRIPTION OF PRO	DPOSAL (INCLUDE DIMENSIONS)
Property Tax ID Number		
TAX MAP - BLOCK PARCEL		
LOT AND SUB'D NAME		
CITE DI ANI DECLUDED	1	
SITE PLAN REQUIRED		
Stake proposed improvements and submit a scaled drawing		
(engineer scale to be 1"=40'; 50', 60' or 100') Scaled drawing		
(aka "Site plan") must show: proposed improvements and		
existing: property lines, buildings, residential and farm well(s),		
underground water lines, septic system(s), driveway(s), streams,	SQUARE FEET: Existing:	Addition:
ponds.	BEDROOMS: Existing:	Addition:
•	OWNED CHECKIOT	
FLOOR PLAN REQUIRED	OWNER'S CHECKLIST	
A floor plan is required for a proposal which alters interior spaces	☐ APPLICATION SIGNED AND DATE ☐ SITE PLAN ATTACHED	U
and for residential or commercial proposals which add space.	☐ FLOOR PLAN ATTACHED	
Show existing and proposed floor plans. Also write in "Owner's		AYABLE TO "CAROLINE COUNTY HEALTH DEPT"
Description of Proposal: additional and proposed square		
footage, and number of bedrooms, <i>if applicable</i> .	X	
	OWNER'S SIGNATURE REQUIRED	DATE
(WSV-2013.DOC) H.D. USE ONLY: Date Rec'd:	Rec'd hv: Receint#-	Application IN#-